

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000050803

FILED
Apr 04, 2006
Secretary of State

Entity Name: ASSURED INSURED INSURANCE INC

Current Principal Place of Business:

166 SW PORT SAINT LUCIE BLVD
PORT SAINT LUCIE, FL 34984

New Principal Place of Business:

Current Mailing Address:

166 SW PORT SAINT LUCIE BLVD
PORT SAINT LUCIE, FL 34984

New Mailing Address:

FEI Number: 16-1680808

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARNED, CHERYL L
125 SW CARTER AVE
PORT SAINT LUCIE, FL 34983 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HARNED, CHERYL L
Address: 125 SW CARTER AVE
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: V () Delete
Name: HARNED, TIMOTHY M
Address: 125 SW CARTER AVE
City-St-Zip: PORT SAINT LUCIE, FL 34983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHERYL L HARNED

PRES

04/04/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date